

2006-07 Targeted Case Management (TCM) Annual Participation Survey (APS)
Package Assembly Checklist

The purpose of this checklist is to assist you in assembling your Participation Survey package before submission to CDHS. We hope you find the tool useful in preparing your package.

- ☐ Cover Sheet (TCM-APS page 1) summarizing your participation and providing contact information for the survey. (One copy per package)
- ☐ Targeted Case Management System LGA Profile and Signature Authority Request (TCM-APS page 2). Establishes Primary and Alternate signature authority for your LGA Profile. (One copy per package)
- ☐ Target Group Survey (TCM-APS T1) indicates the number of target groups you will be providing targeted case management services to during the fiscal year, and identifies methods used to support your program. (One for each Target Group for which you will be providing TCM services).
- ☐ Community Based Organization Supplemental Information Sheet (TCM-APS TCBO 1) describes the funding sources and monitoring methods used when contracting with CBOs for providing TCM Services. (One for each CBO contracted with to provide TCM Services).

Once you have completed the required forms, assemble them all under the one cover sheet and Signature Authority Request forms. Send an original blue ink signed copy via mail postmarked by June 30, 2006.

COVER SHEET FOR SURVEY OF LOCAL GOVERNMENTAL AGENCIES (LGAs) PARTICIPATING IN TARGETED CASE MANAGEMENT (TCM)

LGA's wishing to participate in Targeted Case Management for Fiscal Year 2006-07, must complete this cover sheet, and one Participant Survey Form packet for each Target Group being claimed in 2006-07. Once you have completed your targeted group survey forms, assemble them together and submit them all in one package with this cover sheet. Please mail the hard copy, with **blue-ink signature, to the address** below. CDHS must receive the entire package postmarked by close of business June 30, 2006 to enable TCM claiming for Fiscal Year 2006-07. Cover Letter and Signature Authority Request need only one copy per package.

Name of LGA _____

Target Group	Description	Will Participate	Will Not Participate
Public Health	Medi-Cal eligible high-risk persons identified as having a need for public health case management services including the following individuals: - Women, infants, children, and young adults to age 21 - Persons with HIV/AIDS - Persons with reportable communicable diseases - Pregnant women - Persons who are technology dependent - Persons who are medically fragile - Persons with multiple diagnoses	LGA <input type="checkbox"/> CBO <input type="checkbox"/>	
Outpatient Clinics	Medi-Cal eligible persons who are in need of outpatient clinic medical services and who need case management services in connection with their treatment because they are unable to access or appropriately utilize services themselves, including the following - Persons who have demonstrated non-compliance with their medical regimen - Persons who are unable to understand medical directions because of language or other comprehensive barriers - Persons with no community support system to assist in follow-up care at home - Persons who require services from multiple health/social services providers in order to maximize health outcomes	LGA <input type="checkbox"/> CBO <input type="checkbox"/>	<input type="checkbox"/>
Public Guardian	Medi-Cal Eligible individuals, 18 years or older, who have exhibited an inability to handle personal, medical, or other affairs, who are under conservatorship of person and/or estate or a representative payee.	LGA <input type="checkbox"/> CBO <input type="checkbox"/>	<input type="checkbox"/>
Linkages	Medi-Cal eligible individuals, 18 years and older, in frail health and in need of assistance to access services in order to prevent institutionalization.	LGA <input type="checkbox"/> CBO <input type="checkbox"/>	<input type="checkbox"/>
Adult Probation	Medi-Cal eligible persons who are 18 years of age and older on probation who have a medical and/or mental condition and are in need of assistance in accessing and coordination of medical, social, and other services.	LGA <input type="checkbox"/> CBO <input type="checkbox"/>	<input type="checkbox"/>
Community	Medi-Cal eligible adults and children at risk of abuse and unfavorable developmental, behavioral, psychological, or social outcomes including the following individuals: - Persons abusing alcohol or drugs, or both - Persons at risk of physical, sexual, or emotional abuse - Persons at risk of neglect	LGA <input type="checkbox"/> CBO <input type="checkbox"/>	<input type="checkbox"/>

LGA Coordinator _____

Telephone Number: _____

e-mail Address: _____

Signature: (Blue Ink) _____

Date: _____

LGA must complete and return this form to the address below postmarked by June 30, 2006. The LGA will not be able to participate in any of the TCM programs, if the package is received after the June 30, 2006 deadline.

Please mail to:

For Regular U.S. Mail:	For Overnight or Express Mail:	Questions on this Survey
Ms. Linda Battles, Chief Department of Health Services Targeted Case Management Unit MS 4601 P.O. Box 997417 Sacramento, CA 95899-7417	Ms. Linda Battles, Chief Department of Health Services Targeted Case Management Unit 1501 Capitol Avenue, Ste. 71.4001 MS 4601 Sacramento, CA 95814	Contact: Barbra Liberty <input type="checkbox"/> CDHS / TCM Unit <input type="checkbox"/> bliberty@dhs.ca.gov <input type="checkbox"/> (916) 552-9603



SANDRA SHEWRY
Director

State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

***Targeted Case Management (TCM) System
LGA Profile & Signature Authority Request***

☐ Add ☐ Change Effective: _____

LGA Name: _____ LGA Code: _____

Primary Contact and Signature Authority

Primary MAA/TCM Coordinator: _____ Phone: _____

Coordinator's E-mail: _____

Address (1): _____

Address (2): _____

City: _____ Zip Code: _____

Signature of Primary MAA/TCM Coordinator

Date

Alternate Contact and Signature Authority

Alternate MAA/TCM Coordinator: _____ Phone: _____

Coordinator's E-mail: _____

Address (1): _____

Address (2): _____

City: _____ Zip Code: _____

Signature of Alternate MAA/TCM Coordinator

Date

DHS Use Only:

Completed by _____

Date

Targeted Case Management Annual Participation Survey

Fiscal Year 2006-07 - Return by June 30, 2006

Complete a separate form for each target group your Local Governmental Agency (LGA) plans to serve in State fiscal year 2006-07. The California Department of Health Services uses this form and its supporting information to notify the federal government which LGAs will provide Targeted Case Management (TCM) services for specific target groups. Enter your responses in the fill-in fields; the fields will expand to accommodate the length of your response.

LGA Name:	
Target Group to be Served: (e-users pick from list)	

(Target Group Definitions: TCM Provider Manual Section 2 - Page 3, Paragraph 2, T.2-2-1 through T.-2-2-2)

These questions are based on the fiscal year (FY) 2005-06 cost report. If this is your first year, skip nos. 1 and 2. If your FY 2005-06 cost report has not yet been approved, use the figures submitted.

1. What is the Billable Rate per Encounter for FY 2005-06?							
2. What is the Maximum Claimable Amount (CAP) for FY 2005-06?							
3. Based on your existing or projected encounter rate, what is your LGA's FY 2006-07 projected: <ul style="list-style-type: none"> a. Number of Medi-Cal TCM Clients served. b. Number of Medi-Cal TCM encounters. c. Maximum Claimable Amount. 							
4. Explain the method used to calculate the answers to question three.							
5. Please attach a copy of the: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">a. Performance Monitoring Plan (PMP).</td> <td>Attached</td> </tr> <tr> <td>b. Fee Schedule and instructions for use.</td> <td>Attached</td> </tr> <tr> <td>c. LGA Profile Update form with Primary and Alternate signature authority.</td> <td>Attached</td> </tr> </table>		a. Performance Monitoring Plan (PMP).	Attached	b. Fee Schedule and instructions for use.	Attached	c. LGA Profile Update form with Primary and Alternate signature authority.	Attached
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6. In this Target Group, do you contract TCM services to community-based organizations (CBOs)? <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">a. If <u>NO</u>, stop here, sign and date the form, and send via mail.</td> <td>NO</td> </tr> <tr> <td>b. If <u>YES</u>, complete a separate CBO entry (<u>next page</u>) for each CBO.</td> <td>YES</td> </tr> </table>		a. If <u>NO</u> , stop here, sign and date the form, and send via mail.	NO	b. If <u>YES</u> , complete a separate CBO entry (<u>next page</u>) for each CBO.	YES		
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b. If <u>YES</u> , complete a separate CBO entry (<u>next page</u>) for each CBO.	YES						

Targeted Case Management Annual Participation Survey

Fiscal Year 2006-07 - Return by June 30, 2006

Community-Based Organization Supplemental Information

For this survey, CBOs are not city, county, or Native American agencies: they are private non-profit agencies.

CBO Name:
1. Provide the expected sources of State and LGA funding for the TCM services to be provided to Medi-Cal beneficiaries by this CBO for the 2006-07 Fiscal Year.
2. Are the State and LGA funds identified sufficient to support 100 percent of the costs of TCM services provided to Medi-Cal beneficiaries by this CBO? YES NO Note: If the identified public funds are not 100 percent, TCM program costs must be reduced equal to the percentage of public funds available.
3. What methods will the LGA use to monitor the CBO's provision of TCM services and claims for TCM services? Staff Training Documentation Review Fiscal Audit Non Duplication Other, please explain:
4. If different from the LGA's, please attach a copy of the CBO's: a. Performance Monitoring Plan. Attached b. Fee schedule and instructions for use. Attached

Community-Based Organization Supplemental Information

For this survey, CBOs are not city, county, or Native American agencies: they are private non-profit agencies.

CBO Name:
1. Provide are the expected sources of State and LGA funding for the TCM services to be provided to Medi-Cal beneficiaries by this CBO for the 2006-07 Fiscal Year.
2. Are the State and LGA funds identified sufficient to support 100 percent of the costs of TCM services provided to Medi-Cal beneficiaries by this CBO? YES NO Note: If the identified public funds are not 100 percent, TCM program costs must be reduced qual to the <input type="checkbox"/> percentage of buplic funds available.
3. What methods will the LGA use to monitor the CBO's provision of TCM services and claims for TCM services? Staff Training Documentation Review Fiscal Audit Non Duplication Other, please explain:
4. If different from the LGA's, please attach a copy of the CBO's: c. Performance Monitoring Plan. Attached d. Fee schedule and instructions for use. Attached